

Title

A PHASE 1B TRIAL OF DOCETAXEL/CARBOPLATIN ADMINISTERED IN COMBINATION WITH ORAL DOSES OF TARCEVA TO PATIENTS WITH NEWLY DIAGNOSED/PREVIOUSLY UNTREATED EPITHELIAL OVARIAN CANCER, FALLOPIAN TUBE CANCER AND PRIMARY PERITONEAL CANCER.(SCOTROC 3)

<u>Date Opened</u>	<u>Study ID</u>	<u>Disease/study type</u>	<u>Study Phase</u>
01-OCT-02	G77	Gynaecological	I

Objectives

Primary objectives of this study are :-

- To determine the safety, tolerability and maximally tolerated dose (MTD) of daily oral Tarceva in combination with cycles of Docetaxel (75mg/m²) plus Carboplatin (AUC 5 mg-min/ml) given every 21 days.

Secondary objectives include :-

- A pharmacokinetic evaluation of the impact of Tarceva on the disposition and clearance of Carboplatin and Docetaxel, and of the impact of Carboplatin and Docetaxel on the disposition and clearance of Tarceva.
- Objective response rate (by RECIST and CA125)
- Progression-free survival
- Overall Survival

Major Eligibility Criteria

- Histologically confirmed epithelial ovarian carcinoma, fallopian tube cancer and primary peritoneal cancer. Patients with peritoneal carcinomatosis of 'uncertain' origin will be eligible for protocol treatment, provided that the tumour is not mucin-secreting and there is no histological (or immunocytochemical) suggestion of an origin in the gastrointestinal tract, biliary system or lung.
- Female, aged 18 or over
- FIGO stages III-IV disease with or without successful cytoreductive surgery at staging laparotomy.
- Tumour samples for EGFR and other marker studies should be made available
- Written Informed Consent
- Can comply with follow-up requirements.

Study Treatments

Dose finding study, with 3 planned treatment cohorts of 12 patients .

All patients will receive 6 cycles of Docetaxel (75mg/m²) plus Carboplatin (AUC5)(DC) in combination with Tarceva. They will be randomised to receive chemotherapy alone on either cycle 1 or cycle 2 for pharmacokinetic evaluation on Cohort 1 .

Tarceva dose for each Cohort detailed below :

Cohort 1 : 50 mg

Cohort 2 : 100 mg

Cohort 3 : 150mg

Other Details

Target Number 36 **Local Coordinator** Dr Paul Vasey

Data manager(s) Karen Carty

Title

SCOTROC4 :A PROSPECTIVE MULTI-CENTRE,RANDOMISED TRIAL OF CARBOPLATIN FLAT DOSING VERSUS INPATIENT DOSE ESCALATION IN FIRST LINE CHEMOTHERAPY OF OVARIAN FALLOPIAN TUBE AND PRIMARY PERITONEAL CANCERS

<u>Date Opened</u>	<u>Study ID</u>	<u>Disease/study type</u>	<u>Study Phase</u>
	G84	Gynaecological	III

Objectives

The primary endpoint of the study is the comparison of progression-free survival between carboplatin flat dosing (ARM A) and carboplatin with inpatient dose escalation (ARM B). Secondary endpoints will be comparisons of toxicities, quality of life, clinical overall response rates and CA125 responses and overall survival.

Major Eligibility Criteria

Patients with histologically confirmed epithelial ovarian carcinoma, or primary fallopian tube carcinoma, considered unsuitable or unwilling for treatment with platinum-taxane combination therapy.

Female aged 18 or over.

FIGO stages Ic-IV with or without cytoreductive surgery at staging laparotomy

Written informed consent.

Can comply with follow up requirements.

Intention to treat patient within 8 weeks of initial surgery.

ECOG performance status < 3

No prior treatment with chemotherapy or radiotherapy

Adequate renal, liver and bone marrow function.

No concurrent severe and/or uncontrolled co-morbid medical condition

No history of previous malignancy within the previous 5 years

No pregnant or lactating women

No Symptomatic peripheral neuropathy > or = NCI-CTC grade II

Study Treatments

ARM A

All patients will receive 6 cycles of carboplatin every 3 weeks dosed to AUC 6. No dose modifications except for toxicity are allowed. Treatment will continue on a 3-weekly cycle and will be administered on d1 of each cycle if haematology adequate.

ARM B

All patients receive 6 cycles of carboplatin on a 3 weekly cycle as above. Cycle 1 is dosed AUC 6 as on ARM A.

Dose escalation of cycles 2-6 will be based on the nadir count from the previous cycle. The nadir should be taken between d14-18 of that cycle, and although does not require a further clinic visit (eg done by GP or district nurse) the result must be obtained prior to the next cycle. The dose calculated will be given on d1 allowing for adequate haematology levels. Please see protocol page 8 for instructions on dose escalation.

Other Details

Target Number 1300 **Local Coordinator** DR PAUL VASEY **Data manager(s)** Liz-Anne Lewsley

Title

DNA METHYLATION AS A PREDICTOR FOR RESPONSE AND PROGRESSION FREE SURVIVAL IN PATIENTS WITH OVARIAN CANCER.

Date Opened

06-NOV-01

Study ID

G75

Disease/study type

Gynaecological

Study Phase

REG

Objectives

This study will prospectively evaluate DNA methylation as a predictor of progression free survival within tumour specimens from patients with ovarian cancer. The aims of the project are:

(i) To determine if DNA methylation patterns and expression of differentially methylated genes taken before chemotherapy can predict outcome with regard to progression-free survival. Changes in DNA methylation will be examined globally using DNA methylation hybridisation (DMH) to microarrays and methylation specific PCR (MSP), as well as expression of genes shown to be differentially methylated.

(ii) To evaluate whether DNA methylation can predict response. Response will be assessed by (1) RECIST criteria, and (2) CA125 response.

Major Eligibility Criteria

Patients must have clinically suspected FIGO stages IC-IV epithelial ovarian cancer about to undergo surgery for confirmatory biopsy and attempted cytoreductive surgery

Study Treatments

In patients consenting to this study, biopsies of tumour will be obtained at initial laparotomy or laparoscopic biopsy. All samples will be snap-frozen on dry-ice. Samples will be stored at -20 degrees centigrade until transfer frozen on dry ice to the laboratory of Professor R Brown (Cancer Research UK Dept. of Medical Oncology, Beatson Laboratories, Gartnavel Estate, Glasgow)

Other Details

Target Number 300 **Local Coordinator** Dr P A Vasey

Data manager(s) Liz-Anne Lewsley